
INDIANA COMMISSION ON PROPRIETARY EDUCATION*Board of Commissioners Meeting Memorandum*

Date: November 21, 2005

From: Rebecca Carter, Director of Regulatory Compliance

**Subject: INDIANA GRADUATE SCHOOL OF MANAGEMENT
NEW DEGREE APPLICATION**

Staff Recommendation

The staff recommends that Indiana Graduate School of Management be given the authority to award the Associate of Science in Nursing degree in the following programs with the following stipulations:

1. Faculty qualifications must be consistent with the courses assigned to teach.
2. Prior to implementation of the program, faculty composition must be sufficient to meet the requirements of the State Board of Nursing.
3. Prior to implementation of the program, facilities and lab equipment must be sufficient to meet the requirements of the State Board of Nursing.
4. Prior to implementation, further information pertaining to practicum experiences must be provided to the commission staff.
5. The Surety Bond must be increased to the maximum of \$50,000 prior to implementation of the program.

ASN - Nursing**Background Information**

Indiana Graduate School of Professional Management offers two other degree programs that were approved by the Board of Commission at the June 8, 2005 Commission Meeting. Those are a Bachelor of Science in Business and a Masters of Business Administration. Currently this institution is not accredited by a national or regional accrediting body.

The Nursing program is comprised of 96 credit quarter hours of training; 65% of the courses are in the Specialty and 35% of the remaining courses are in Liberal Arts. Although current faculty appears to have the educational qualifications required to teach, the staff has some concern about the number of course preparations that are assigned to each member to teach. We also require that as each future faculty member is hired, and 'Instructor Qualification Record' form be submitted along with the required supportive documentation

Supportive Documentation

1. Degree Application
2. Instructor Qualification Record forms
3. 2004 Income Statement and Balance Sheet

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION**

DEGREE APPLICATION
(New or Renewal program)

| | |
|---|---------------------------------------|
| Name of Institution | Indiana Graduate School of Management |
| Name of Program | Associate Degree in Nursing -ASN |
| Level of Degree (AAS, AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) | AS |
| Name of Person Preparing this Form | Corey Dabney, MBA |
| Telephone Number | 219-791-1111 |
| Date the Form was Prepared | 10/14/2005 |

I. PROGRAM OBJECTIVES: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

The mission and philosophy of the nursing program is to introduce and practice concepts in nursing derived from a fundamental foundation that insures maximum capacity within the framework of an individual's capacity. This foundation encompasses a holistic perspective from the health promotion model through utilization and interactions of integral components of an interdisciplinary health team.

This program is to provide individuals with the opportunity to seek educational and ethical training in an accelerated nursing program. To provide an excellent training environment that fosters a student's ability to excel in their Nursing Career of Community Service.

The institution's focus is on providing the community with ethical and highly trained licensed nurses to serve in the Health Care Field and Humanity as a whole. Serving through spirit, thought, practice and compassion for all they service and console.

II. PROGRAM STRUCTURE: List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course.

NAME OF PROGRAM: Associate Degree in Nursing

TOTAL COURSE HOURS: 96 Check one: Quarter Hours #

Semester Hours _____

Clock Hours _____

LENGTH OF PROGRAM: 14 months TUITION: \$ 25,860.00

SPECIALTY COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|----------------------|----------------------------------|---------------------|
| Nur 100 | Physical Assessment Foundation | 2 |
| Nur 101 | Nursing Foundations | 3 |
| Nur 102 | Nursing Pharmacokinetics | 3 |
| Nur 205 | Psychosocial Nursing | 3 |
| Nur 200 | Medical – Surgical Nursing | 3 |
| Nur 109 | Pharmacology | 4 |
| Nur 201 | Adult Nursing | 3 |
| Nur 206 | Mental Health Nursing | 3 |
| Nur 202 | Pediatric Nursing | 3 |
| Nur 203 | Obstetrical Nursing | 4 |
| Nur 105 | Nursing Theory | 3 |
| Nur 207 | Gerontological Nursing | 3 |
| Nur 204 | Nursing Trends, History, Culture | 3 |
| Nur 210 | Nursing Capstone | 4 |
| SCI 108 | Microbiology | 4 |
| SCI 108L | Microbiology Lab | 1 |
| SCI 107 | Physics | 4 |
| SCI 107L | Physics Lab | 1 |
| SCI 112 | Anatomy and Physiology I | 3 |

SPECIALTY COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|----------------------|-------------------------------|---------------------|
| SCI 112L | Anatomy and Physiology I Labs | 1 |
| SCI 111 | Anatomy and Physiology II | 3 |
| SCI 212L | Anatomy and Physiology II Lab | 1 |
| | | |
| | | |
| | | |
| | | |

GENERAL EDUCATION / LIBERAL ARTS COURSES:

| <u>Course Number</u> | <u>Course Title</u> | <u>Course Hours</u> |
|----------------------|--|---------------------|
| MAT 102 | Algebra | 3 |
| Eng 101 | English Composition I | 3 |
| Eng 102 | English Composition II | 3 |
| Bus 229 | Oral Communications | 3 |
| CSC 105 | Introduction to Computers | 3 |
| Soc 320 | Social Responsibility in the Workplace | 3 |
| Psy 210 | Psychology | 3 |
| SCI 110 | Chemistry I | 4 |
| SCI 110L | Chemistry I Lab | 1 |
| SCI 210 | Chemistry II | 4 |
| SCI 210L | Chemistry II Lab | 1 |
| SCI 114 | Nutrition | 3 |

Number of Credit/Clock Hrs. in Specialty Courses: 62 / 1488 Percentage: 65%
Number of Credit/Clock Hrs. in General Courses: / Percentage:

If applicable:

Number of Credit/Clock Hrs. in Liberal Arts Courses: 34 / 816 Percentage: 35%

III. LIBRARY: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

Below is a list of public libraries our student's have access to for professional materials and periodicals.

We have an **Affiliation Agreement** and **Business Associate Agreement** with Methodist Hospital for our new nursing program. Our nursing student's will have full access to the Medical Libraries at

- Northlake Campus 600 Grant St., Gary, Indiana 46402
- Southlake Campus 8701 Broadway, Merrillville, Indiana 46410

(each hospital campus has a medical library)

Also, the our students have access to Indiana Universities Library through its "Shared Vision Plan" All Indiana residents can use the library and the circulation department will give our students a tour. Our students responsibilities and processes are below

Circulation

Who May Borrow Materials:

- Indiana University Students
- Indiana University Staff
- Indiana University Faculty
- Indiana Residents who have a valid IU Library Card

Getting An IU Library Card

- Students, Staff, and Faculty should use their IU Northwest id card. The barcode on the card also serves as your library card.
 - If you do not yet have an IUN id card, you may obtain one through Student Life at the Security Booth in the Savannah Center with your paid class receipt.
- Indiana residents may get a library card at the Circulation Desk at any time the library is open. To get a card you will need to show either:
 - Current Indiana Driver's License
 - Current Indiana State Identification

Loan Periods

- Indiana Residents -- 30 days
- Undergraduate students -- 45 days
- Graduate Students / Faculty / Staff -- 120 Days

Renewals

Aslong as there is not a recall or a hold placed on an item, renewals are possible. You may renew materials in the following ways:

- By using the **My Account** button on the [IUCAT catalog](#)
- In person at the Circulation Department of any IU library
- By telephone (219) 980-6585

Returning Materials

Items may be returned at any IU library.

Fines

Standard Fines:

1. Overdue fines are \$0.25 (Twenty-five cents) per day per book with a maximum of up to 25 dollars per item.
2. There is no "grace period". The book is due on the date specified at checkout.
3. There is a **10 day return period** for recalled materials. If the item is not returned, there is a **flat \$25.00 recall fine**.

Lost Materials:

- \$30.00 replacement fee
- \$10.50 processing fee
- \$15.00 lost item charge
- \$5.00 overdue item charge

Fines may be paid at the IUN Circulation Desk. We accept cash or checks payable to: **Indiana University Northwest**

Fines can also be paid by mail to:

*Circulation Department Attention Audrea Davis
Head of Circulation
Indiana University Northwest
3400 Broadway
Gary, IN 46408*

Borrower's Responsibilities

A valid Indiana University Libraries Borrower's Card must be presented in order to charge materials in any of the Indiana University Libraries.

- The patron is responsible for all materials charged to his/her card.
- The patron is responsible for notifying the library immediately if the library card is lost or stolen.
- The patron is responsible for notifying the library immediately if there are any changes in name, address, or phone number.
- There is a \$5.00 charge for replacing borrower's cards.
- When materials are not returned within 30 (thirty) days of the due date, a bill for the replacement cost, plus a non-refundable processing fee for each item is submitted to the Bursar's Office.
- Until the charge is removed, users may be unable to register for classes on any IU campus or to obtain a copy of their transcripts.
- When materials are not returned within the stated time period and the patron has been billed by the Bursar, the patron remains liable for the processing fee(s), even if all overdue materials are subsequently returned.

Periodicals

- Unbound periodicals, microfilm, and microfiche are issued from the Periodicals Desk. Patrons must fill out a charge slip before taking materials away from the desk.

- Patrons are limited to two periodicals at a time.
- Patrons must show an ID before they may take materials from the Periodicals Desk.
- Print copies can be made of microfilm and microfiche materials using the reader/printers located in the Periodicals / Microforms department. There is a charge of \$.10 (ten cents) per page.
- Bound periodicals are located on the second floor of the library.
- Periodicals and microforms are to be used only in the library.
 - **Faculty** may check out bound volumes or unbound issues for one week. The current issues of periodicals **do not** circulate. *We strongly encourage faculty to use the periodicals in the library rather than checking them out. Your cooperation helps us make sure that materials are available to all our patrons.*
- Microfilm and microfiche materials do not circulate.

VendaCards

VendaCards may be purchased from the dispenser located next to the Periodicals Desk. Please be certain to read the instructions on the operation of the machine carefully.

Other student resources:

Crown Point Community Library

214 S. Court St. (1/2 block south of the Courthouse Square)

Crown Point, IN 46307

Phone: 219-663-0270 Fax: 219-663-0403

Hours: Monday, Tuesday, Thursday 9-8, Wednesday and Friday 9-5, Saturday 9-5.

Winfield Library

10645 Randolph St. (in the Winfield Township Building)

Crown Point, IN 46307

Phone: 219-662-4039 Fax: 219-662-4068

Hours: Monday 10-6, Wednesday 10-5, Tuesday and Thursday 10-8, Friday 9-5, Saturday 10-2.

East Chicago Public Library's

Locations and Hours

| Primary Locations | | Hours |
|--------------------------|-----------------------------------|--------------------------|
| Main Library | Robert A. Pastrick Branch Library | Monday through Thursday |
| 2401 E. Columbus Drive | 1008 W. Chicago Avenue | 9 a.m. to 8 p.m. |
| East Chicago, IN 46312 | East Chicago, IN 46312 | Friday and Saturday |
| Voice: 219/397-2453 | Voice: 219/397-5505 | 9 a.m. to 5:30 p.m. |
| Fax: 219/397-6715 | Fax: 219/398-2827 | Sundays |
| | | 1 p.m. to 5 p.m. |
| | | (During the school year) |

Reading Room Locations - Hours: 9 a.m. to 5 p.m. Monday through Friday

Roberto Clemente Center
3616 Elm Street
East Chicago, IN 46312
219/397-4065

Heritage Hall
4506 Tod Avenue
East Chicago, IN 46312
219/397-5773

M.L. King Center
4802 Melville Avenue
East Chicago, IN 46312
219/397-4092

Bessie Owens Center
4001 Alexander Avenue
East Chicago, IN 46312
219/397-4039

Penn Center
3550 Pennsylvania Avenue
East Chicago, IN 46312
219/397-4014

151st Street Center
4925 Gladiola Avenue
East Chicago, IN 46312
219/397-3241

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312
219/392-7183

Lake County Public Library

1919 West 81st Avenue • Merrillville, Indiana 46410-5382 • Phone: 219.769.3541 • Fax: 219.756.9358

220 W. 5th Avenue

Phone: (219) 886-2484 Fax: (219) 886-6829

Hours:

Monday-Thursday noon-8 Friday & Saturday 10am-5pm

4030 W. 5th Avenue

Phone: (219) 944-9402 Fax: (219) 944-9644

Hours:

Monday-Thursday noon-8 Friday & Saturday 10am-5pm

1835 Broadway

Phone: (219) 886-9120 Fax: (219) 886-9319

Hours:

Monday-Thursday noon-8pm Friday & Saturday 10am-5pm

3953 Broadway

Phone: (219) 887-8112 Fax: (219) 887-5967

Hours:

Monday-Thursday noon-8pm Friday & Saturday 10am-5pm

1113 Taft St.

Phone: (219) 944-2795 Fax: (219) 944-9255

Hours:

Monday-Thursday noon-8 Friday & Saturday 10am-5pm

501 S. Lake St.

Phone: (219) 938-3941 Fax: (219) 938-8759

Hours:

Monday-Thursday noon-8pm Friday & Saturday 10am-5pm.

Central Library

1919 W. 81st Ave.

Merrillville, IN 46410-5382

(219) 769-3541

● Map and directions

- Monday - Thursday 9 a.m. to 9 p.m.
- Friday 9 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Black Oak Branch

5921 W. 25th Ave.

Gary, IN 46406-3024

(219) 844-8809

● Map and directions

- Tuesday 10:00 a.m. to 6 p.m.
- Thursday 10:00 a.m. to 6 p.m.
- Saturday 9:00 a.m. to 5 p.m.

Cedar Lake Branch

13330 Parrish St.

Cedar Lake, IN 46303-9201

(219) 374-7121

● Map and directions

- Monday 12:30 p.m. to 8:30 p.m.
- Tuesday 10 a.m. to 6 p.m.
- Wednesday 12:30 p.m. to 8:30 p.m.
- Thursday 10 a.m. to 6 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Dyer-Schererville Branch

1001 W. Lincoln Hwy.

Schererville, IN 46375-1552

(219) 322-4731

● Map and directions

- Monday - Thursday 10 a.m. to 8:30 p.m.

- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Forty-First Avenue Branch

3491 W. 41st Ave.

Gary, IN 46408-3007

(219) 980-5180

📍 Map and directions

- Monday 12:30 p.m. to 8:30 p.m.
- Wednesday 12:30 p.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.

Griffith Branch

940 N. Broad St.

Griffith, IN 46319-1528

(219) 838-2825

📍 Map and directions

- Monday - Thursday 10 a.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Highland Branch

2841 Jewett St.

Highland, IN 46322-1617

(219) 838-2394

📍 Map and directions

- Monday - Thursday 10 a.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Hobart Branch
100 N. Main St.
Hobart, IN 46342-4391
(219) 942-2243

● Map and directions

- Monday - Thursday 10 a.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

Lake Station Branch
2400 Central Ave.
Lake Station, IN 46405-2122
(219) 962-2409

● Map and directions

- Monday 12:30 p.m. to 8:30 p.m.
- Wednesday 12:30 p.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.

Munster Branch
8701 Calumet Ave.
Munster, IN 46321-2526
(219) 836-8450

● Map and directions

- Monday - Thursday 10 a.m. to 8:30 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

New Chicago Branch
3250 Michigan Ave.
New Chicago, IN 46342-1172
(219) 962-2421

● Map and directions

- Tuesday 10 a.m. to 6 p.m.
- Thursday 12:30 p.m. to 8:30 p.m.
- Saturday 9 a.m. to 5 p.m.

St. John Branch
9450 Wicker Ave.
St. John, IN 46373-9400
(219) 365-5379

● Map and directions

- Monday 12:30 p.m. to 8:30 p.m.
- Tuesday 10 a.m. to 6 p.m.
- Wednesday 12:30 a.m. to 8:30 p.m.
- Thursday 10 a.m. to 6 p.m.
- Friday 10 a.m. to 6 p.m.
- Saturday 9 a.m. to 5 p.m.

2. Number of volumes of professional material:

In excess of 40 thousand available

None Owned by Indiana Graduate School of Management

3. Number of professional periodicals subscribed to:

In excess of 3 thousand

None Owned by Indiana Graduate School of Management

4. Other library facilities in close geographical proximity for student access:

All library sources listed above.

If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.

Doc.: degreappform.doc

IV. FACULTY: Attach completed Instructor's Qualification Record for each instructor.
**** Include** all required documentation pertaining to the qualifications of each instructor.

Total # of Faculty in the Program: 5 **Full-time:** 5 **Part-time:** 0

Fill out form below: (PLEASE LIST NAMES IN **ALPHABETICAL** ORDER.)

| List Faculty Names (Alphabetical Order) | Degree or Diploma Earned | # Years of Working Experience in Specialty | # Years Teaching at Your School | # Years Teaching at Other | Check one: | |
|--|--------------------------------|---|--|------------------------------------|---------------|---------------|
| | | | | | Full- time | Part- time |
| Shah, Chandrakant, MD | Medical | 28 years | 6 months | 25 years | # | |
| Walker, Roland MD | Medical | 4 years | 6 months | 1 year | # | |
| Sturges, Karen, RN, MBA | Nursing | 31 years | 2 years | 17 years | # | |
| Kalamaras, Valerie, FNP | Practitioner | 10 years | 6 months | 9 years | # | |
| Dabney, Corey MBA | Business | 10 years | 3 years | 6 years | # | |
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OCT 20 2005
INDIANA COMMISSION ON
PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

Please TYPE the form.

NAME OF INSTITUTION: Indiana Graduate School of Management

Nur 100 Physical Assessment Foundation (Introductory Knowledge base and promotion)

SCI 110 Chemistry | SCI 110L Chemistry Lab Nur 101 Nursing Foundations SCI 112 Anatomy

& Physiology I **SCI 112L** Anatomy Lab, **SCI 111** Anatomy & Physiology II, **SCI 111L** Physiology

Lab, **SCI 109** Pharmacology, **SCI 108** Microbiology, **SCI 108L** Microbiology Lab, **SCI 107**

Physics, **SCI 107L** Physics Lab, **SCI 114** Nutrition, **SCI 104** Nursing Trends, History, Legal

And Ethical Aspects, **SCI 115** Nursing Capstone

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|------------------------------|-------------------|---------------------------------------|----------------------|---------|
| | | | From: | To: |
| Morehouse College | Atlanta, GA | Biology | 1989 | 1993 |
| Finch University | North Chicago, IL | Doctor of Medicine | 1999 | 2001 |
| | | | | |
| | | | | |
| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Physician | Gary, Indiana | Medical Doctor | 2001 | present |
| | | | | |
| | | | | |
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OCT 20 2005

INDIANA COMMISSION ON PROPRIETARY INSTRUCTIONS

INSTRUCTOR'S QUALIFICATION RECORD

Please TYPE the form.

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|---|------------------|---------------------------------------|----------------------|------|
| | | | From: | To: |
| South Gujarat University | India | Medical Doctor | 1967 | 1972 |
| | | | | |
| | | | | |
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| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Olympia College | Merrillville, In | Instructor | 2002 | 2003 |
| State of Illinois – Correctional Center | Joliet, IL | Pharmacy Tech | 1981 | 1984 |
| Illinois Medical Training Center | Chicago, IL | Instructor | 1981 | 1983 |
| | | | | |

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INDIANA COMMISSION ON
PROPRIETARY EDUCATIONINDIANA COMMISSION ON
PROPRIETARY EDUCATION**INSTRUCTOR'S QUALIFICATION RECORD**

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Please TYPE the form.

NAME: Sturges Karen J.
(Last) (First) (Middle)

NAME OF INSTITUTION: Indiana Graduate School of Management

Names of Courses Taught:

Nur 100 Physical Assessment Foundation (Introductory Knowledge base and promotion)
SCI 110 Chemistry I SCI 110L Chemistry Lab Nur 101 Nursing Foundations SCI 112 Anatomy
& Physiology I SCI 112L Anatomy Lab, SCI 111 Anatomy & Physiology II, SCI 111L Physiology
Lab, SCI 109 Pharmacology, SCI 108 Microbiology, SCI 108L Microbiology Lab, SCI 107
Physics, SCI 107L Physics Lab, SCI 114 Nutrition, SCI 104 Nursing Trends, History, Legal &
Ethical Aspects, SCI 115 Nursing Capstone Nur 200 Medical-Surgical Nursing
Nur 102 Nursing Pharmokinetics, Nur 205 Psychosocial Nursing, Nur 201 Pediatric Nursing
Nur 201A Adult Nursing Nur 202 Obstetrical Nursing, SCI 103 Adult Nursing, Nur 105 Nursing
Theory

| Source of Training/Education | Location | Area or Subject of Training/Education | Period of Attendance | |
|-------------------------------------|------------------|---------------------------------------|----------------------|------|
| | | | From: | To: |
| University of Illinois | Urbana-Champaign | Masters in Education | 1997 | 1986 |
| Augustana School of Nursing | Chicago, IL | Diploma Nursing | 1974 | 1976 |
| University of Phoenix | Schaumburg, IL | Masters of Business | 2003 | 2005 |
| | | | | |
| | | | | |
| Applicable Experience | Location | Exact Nature of Experience | Employment Period | |
| | | | From: | To: |
| Kindred Hospital | Chicago, IL | Education Director | 1997 | 2005 |
| Mount Sinai Hospital | Chicago, IL | Education & Quality Director | 1995 | 1997 |
| Mount Sinai Hospital Medical Center | Chicago, IL | Clinical Nursing Education | 1991 | 1995 |
| Henrotin Hospital | Chicago, IL | Staff Nurse II | 1978 | 1986 |



Indiana Graduate School of Management

Adult Education Program

2608 W. Lincoln Highway
Merrillville, Indiana 46410
(219) 791-1111 Campus (219) 791-0926

Bishop Noll Institute Science Labs

We plan on enrolling 30 students for 2006. The labs have 45 seats available complete with sinks, safety stations, die section kits, microscopes, classroom projector, Ohaus Triple Beam Balance, hot plates, Cylinders 100ml x 1 ml, safety glasses and petri dishes.



Indiana Graduate School of Management

Adult Education Program

2608 W. Lincoln Highway
Merrillville, Indiana 46410
(219) 791-1111 Campus (219) 791-0926

Affiliation Agreement

AFFILIATION AGREEMENT

THIS AGREEMENT is dated this 18 day of August, 2005, between THE METHODIST HOSPITALS, INC. ("Hospital"), and INDIANA GRADUATE SCHOOL OF MANAGEMENT, ~~Illinois~~ Campus ("School").

BACKGROUND

The School requires clinical training for its students. This clinical training is best performed at the site of the delivery of health care. The School wishes to establish an agreement with the Hospital to use the Hospital as a location for such clinical training. In order to advance its missions, the Hospital is desirous of entering into this affiliation so as to provide clinical education experiences for one or more students. Pursuant to these objectives, School and Hospital acknowledge the following common objectives: (1) To develop education programs; (2) To improve the quality and delivery of health care; (3) To conduct research in health and health-related fields; and (4) To develop an effective response to the medical needs of the community. The parties acknowledge that these goals may be achieved in part through certain sharing of resources and through joint programs.

THE PARTIES, THEREFORE, AGREE AS FOLLOWS:

1. HOSPITAL'S RESPONSIBILITIES

1.1 Hospital agrees to accept a mutually agreed upon number of students to use its facilities for clinical experiences.

1.2 Hospital shall provide at its expense all necessary facilities and equipment for the clinical experience of the students.

1.3 Hospital agrees to recognize students as participants in an educational program and to cooperate in providing teaching situations for the students that will contribute to their development in their respective field of study.

1.4 Hospital agrees to make available, if possible, emergency health care to students in any instance of injury or illness while at the Hospital site. Expenses of such care shall be the sole responsibility of student. The School shall use its best efforts to assist Hospital in obtaining payment for such services.

1.5 Unless otherwise agreed to by Hospital and School, Hospital shall assume responsibility for supervision of students and cooperate in providing written review of each student's performance in the clinical experience.

1.6 Hospital agrees to orient students to the Hospital including the philosophy, policies and procedures for patient care, the patients, the physical facilities and equipment, and all other pertinent aspects.

1.7 Hospital agrees to immediately report the unsatisfactory progress of any student, or the demonstration of behavior that is disruptive or detrimental to the Hospital by any student to the individual designated by the School and the student involved in the action.

2. SCHOOL'S RESPONSIBILITIES

2.1 School shall be responsible for planning, establishing and implementing all educational requirements and standards affecting the clinical experience.

2.2 School shall provide to the Hospital at least thirty (30) days before their arrival at the Hospital the names of students who will be participating in clinical experience at the Hospital.

2.3 School shall ensure that prior to participating in the clinical experience each student has received basic instruction and has acquired the skills needed for participation.

2.4 As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder, School shall condition the placement of any student under this Agreement on the student's agreement to abide by the obligations imposed on him or her as a member of Facility's "workforce" (as defined in the Privacy Regulations) to use individually identifiable health information only as needed for the performance of his or her assigned duties and not for any other purpose. School further agrees that it shall not request, require, or accept from any student placed under this Agreement access to any individually identifiable health information for patients of Facility. School further agrees to execute a Business Associate Agreement with Facility, a copy of which is attached hereto, marked as "EXHIBIT A", and made a part hereof by reference.

2.5 School acknowledges, and shall inform the students, that each student, as a condition of participation as an intern, must be in good health as far as can be determined by examination by a licensed physician and must meet the health standards applicable to personnel of Hospital. Each student will be given a Mantoux test for tuberculosis, and if the tuberculosis test is positive, will have a chest x-ray and written verification by a physician that there is no active tuberculosis and that he or she is free of communicable disease. School will also inform the students that their physical examination records are expected to be released to Hospital, if requested. School shall ensure that all students participating in the clinical experience meet these requirements.

2.6 Assure that each student procures and maintains appropriate insurance covering the professional errors and omissions of the student while performing services or receiving training under this Agreement. Said insurance shall be in an amount no less than \$1,000,000.00 per incident, \$3,000,000.00 aggregate coverage and shall be with a company or companies acceptable to Hospital, will show Hospital as an additional named insurance, and will provide that said insurance may not be canceled or modified without thirty (30) days prior written notice to the Hospital.

2.7 School will procure and maintain during the term of this Agreement bodily injury and property damage insurance in the minimum amount of \$1,000,000.00 (combined single limit) insuring School and each of the students throughout the period of the student's participation under this Agreement. School shall provide Hospital with certificates of insurance evidencing the required coverages as outlined above from time to time, upon reasonable request. Any insurance policies maintained by School hereunder will be with a company or companies acceptable to Hospital, will show Hospital as an additional named insurance and will provide that said insurance may not be canceled or modified without thirty (30) days prior written notice to the Hospital.

2.8 School acknowledges that each of the students will be responsible for providing their own health insurance. Each student is expected to assume the financial responsibility for treatment, if needed, due to illness or injury, either through health care insurance or by guaranteeing personal payment with a signed waiver.

2.9 School acknowledges and agrees that students are required to abide by all applicable federal, state and/or local laws, statutes, rules, regulations and/or ordinances while participating in the clinical experience under this Agreement, and that any violation may be cause for immediate dismissal from the clinical experience. School agrees to inform students of this requirement.

2.10 Hospital does not expect any of the students to perform services over and above those they need to achieve their educational goals, and the Hospital shall not pay any compensation to the School for services provided by students under this Agreement.

2.11 School acknowledges, shall inform students of, and shall condition the assignment of students on their acknowledging, the risks of participating in clinical experiences at the Hospital, including without limitation, injuries resulting from lifting or assisting patients, contact with bodily fluids, needle sticks or other puncture wounds, and contact with abusive or behavioral medicine patients.

2.12 At all times hereunder, School shall conduct its activities in compliance with applicable laws, regulations, and governmental standards, including but not limited to any federal and state regulations relating to Medicare and Medicaid. In the event School discovers that Facility may be in violation of any of the above authorities, School immediately shall call Hospital's Compliance Hotline at (800) 227-1731. In addition, School shall condition the placement of any Student under this Agreement on the Student's agreement to abide by and accept as his or her own, the obligations imposed on School by this paragraph and in addition shall impose on any subcontractors or agents it engages with respect to this Agreement the same restrictions, conditions, and obligations applicable to School under this paragraph.

3. MUTUAL AGREEMENTS

3.1 Since this is an educational experience, the students are not allowed to receive remuneration for any activities performed as participants in the clinical experience under this Agreement. A satisfactory evaluation is a prerequisite for course completion and/or graduation.

3.2 Each of the students shall at all times be subject to the rules and regulations of Hospital applicable to Hospital personnel, including without limitation Hospital's general policy and procedures regarding personal appearance, dress code, and conduct.

3.3 Hospital reserves the right, without notice, to deny to any of the students access to its department, units, and treatment areas when, in the sole opinion of Hospital, any of the students is deemed to be a risk to Hospital's patients or to themselves, or does not meet the safety, health, and technical standards of Hospital. Hospital will notify School of such action and the reasons therefor. Hospital will provide all information relating to denial of access reasonably requested from School and shall cooperate in School's investigation of the denial; provided, however, that in no event shall Hospital be required to release or provide information contained within confidential patient medical records or confidential or proprietary records of Hospital.

3.4 Neither party to this Agreement will discriminate against any person affected by this Agreement because of the person's race, creed, religion, national origin, sex or age.

4. COVENANT OF NON-INTERFERENCE

4.1 In the operation of this Agreement, Hospital shall take no action nor will it omit to take any action, directly or indirectly, which will in any way interfere with, limit or otherwise involve, School's policies.

4.2 In the operation of this Agreement, School shall take no action nor will it omit to take any action, directly or indirectly, which will in any way interfere with, limit or otherwise involve, Hospital's policies or the operation of Hospital's facilities in accordance with those policies.

5. PATENTS AND COPYRIGHTS

Any discoveries, inventions, or materials developed under this Agreement by School will be the property of School. Any discoveries, inventions, or materials developed under this Agreement by Hospital and/or Hospital personnel will be the property of Hospital. Any discoveries, inventions, or materials developed under this Agreement through the joint efforts of Hospital and School will be the joint property of Hospital and School, and no use of such jointly owned property will be made without the prior written authorization of both Hospital and School.

6. EFFECTIVE DATE AND TERMINATION

This Agreement is effective on the 18th day of August, 2005, and may be terminated without cause upon thirty (30) days prior notice given in writing by either party to the other. In the event of termination, any of the students actually on rotation to the Hospital will be allowed to complete their rotation, and the responsibilities of School and Hospital hereunder shall continue until such rotations have been completed.

7. **MISCELLANEOUS**

7.1 **Governing Law and Venue.** This Agreement is to be governed by and construed in accordance with the laws of the State of Indiana, and the venue for any dispute concerning it is to be Lake County, Indiana.

7.2 **Notices.** All notices under this Agreement must be in writing, must be sent by Registered or Certified Mail, Return Receipt Requested, will be effective upon mailing, and must be addressed as follows:

SCHOOL: Indiana Graduate School of Management
Attn: Corey Dabney, CEO
2608 W. Lincoln Hwy
Merrillville, Indiana 46410

HOSPITAL: The Methodist Hospitals, Inc.
Attn: James A. Berg/Elizabeth Elich
600 Grant Street
Gary, Indiana 46402

7.3 **Independent Contractor.** It is agreed between the parties that School and Hospital are independent contractors and are not, for any purpose, deemed to be an employer or partner of each other. Hospital is not authorized to enter into any agreement or create any obligations on behalf of School. School is not authorized to enter into any agreements or create any obligations on behalf of Hospital.

7.4 **Assignment.** No assignment of this Agreement or of the rights or obligations hereunder shall be valid without the prior written consent of the non-assigning party.

7.5 **Modification.** This Agreement may be modified at any time by the mutual agreement of the parties, provided that before any modification shall be operative and valid, it shall be reduced to writing and signed and dated by both parties.

7.6 **Severability.** If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of the Agreement notwithstanding the part or parts found void or unenforceable.

7.7 **Waiver.** Any failure by either party to enforce or require strict keeping and performance by the other party of any of the terms or conditions of this Agreement shall not constitute a waiver of breach of any such term or condition by the other party and shall not affect or impair such terms or conditions in any way or the right of the other party at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms and conditions.

7.8 Compliance with Laws. Each party agrees to perform its respective obligations hereunder in full compliance with any and all applicable federal, state and/or local laws, statutes, rules, regulations and/or ordinances.

IN WITNESS WHEREOF, the parties have executed this Agreement the date and year first above written.

HOSPITAL:

THE METHODIST HOSPITALS, INC.

By: 

James A. Berg
President, CEO

By: 

Elizabeth Elich
Director, Human Resources

SCHOOL:

**INDIANA GRADUATE SCHOOL OF
MANAGEMENT**

By: 

Corey Daabney
CEO



EXHIBIT A

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (the "Agreement") is made and entered into this 18th day of August, 2005, by and between THE METHODIST HOSPITALS, INC., an Indiana nonprofit corporation (hereinafter referred to as "Covered Entity"), and INDIANA GRADUATE SCHOOL OF MANAGEMENT, ~~Illinois~~ Campus (hereinafter referred to as "Business Associate").

W I T N E S S E T H:

WHEREAS, Business Associate performs or assists in the performance of a function or activity or provides services to Covered Entity that makes Business Associate a "Business Associate" under the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Regulation") and the Health Insurance Reform: Security Standards (the "Security Regulation") published by the U.S. Department of Health and Human Services (HHS) at 45 CFR Part 160 and Part 164 under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and as may be applicable to the relationship between Covered Entity and Business Associate; and,

WHEREAS, Covered Entity will disclose Protected Health Information to Business Associate in conjunction with the services, function or activity performed or provided by Business Associate; and

WHEREAS, Covered Entity and Business Associate desire to enter into an Agreement as required by the Privacy Rule and the Security Rule to provide satisfactory assurance to Covered Entity that Business Associate will appropriately safeguard the Protected Health Information.

NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE MUTUAL COVENANTS AND CONDITIONS CONTAINED HEREIN, THE PARTIES HERETO AGREE AS FOLLOWS:

1. DEFINITIONS.

1.1 "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR 164.501.

1.2 "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR 164.501.

1.3 "Individual" shall have the same meaning as the term "individual" in 45 CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

1.4 "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

1.5 "Security Rule" shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C.

1.6 "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR §164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

1.7 "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR §164.501.

1.8 "Secretary" shall mean the Secretary of the Department of Health and Human Services or designee.

2. OBIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE.

2.1 Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.

2.2 Business Associate agrees to use reasonable and appropriate administrative, physical and technical safeguards to preserve the confidentiality, integrity and availability of electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Covered Entity, consistent with 45 CFR 164.314(a).

2.3 Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

2.4 Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

2.5 Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

2.6 Within ten (10) days of receiving a written request from Covered Entity, Business Associate will make available Protected Health Information necessary for Covered Entity to respond to an individual's request for access to Protected Health Information about the individual in the event that the Protected Health Information in Business Associate's possession constitutes a Designated Record Set.

2.7 Within fifteen (15) days of receiving a written request from Covered Entity, Business Associate will incorporate any amendments or corrections to the Protected Health Information in accordance with 45 CFR §164.526 in the event that the Protected Health Information in Business Associate's possession constitutes a Designated Record Set.

2.8 Business Associate agrees to make its internal practices, books, and records including policies and procedures and Protected Health Information relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, available to Covered Entity and the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

2.9 Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

2.10 Within fifteen (15) days of receiving a written request from Covered Entity or an Individual, Business Associate agrees to provide to Covered Entity or an Individual the information necessary to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

3. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE.

In providing student services, Business Associate or its students may have contact with PHI. Other than contact as a result of providing the above services to Covered Entity, no rights of use or disclosure are granted to Business Associate or its Personnel. All PHI is to be treated with strict confidence in accordance with the requirements of this Agreement and the Privacy Rule. Business Associate is required to take the necessary steps and precautions to ensure these requirements are met.

4. OBLIGATIONS OF COVERED ENTITY.

4.1 Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

4.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

4.3 Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

5. PERMISSIBLE REQUESTS BY COVERED ENTITY.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

6. TERM AND TERMINATION

6.1 TERM. The Term of this Agreement shall be effective as of the effective date of the preceding AFFILIATION AGREEMENT between Covered Entity and Business Associate, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section.

6.2 Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

6.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this if Business Associate does not cure the breach or and the violation within the time specified by Covered Entity;

6.2.2 Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

6.2.3 If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

6.3 Effect of Termination.

6.3.1 Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

6.3.2 In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon determining that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

7. MISCELLANEOUS.

7.1 Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.

7.2 Amendment. The Parties agree to take action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191; provided, however, the Agreement may not be changed, modified, or amended except by a written agreement executed on behalf of each of the parties.

7.3 Survival. The respective rights and obligations of Business Associate under Section 6.3 of this Agreement shall survive the termination of this Agreement.

7.4 Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

7.5 Injunction. Notwithstanding any other rights or remedies provided for in this Agreement, Covered Entity retains all rights to injunctive relief to prevent or stop the unauthorized use or disclosure of Protected Health Information by Business Associate, or any agent, subcontractor or other third party that received Protected Health Information from Business Associate.

Affiliation Agreement

EXHIBIT B ADDENDUM

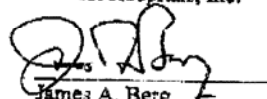
1. SCHOOL'S RESPONSIBILITIES

2.13 School shall assume responsibility for supervision of students and cooperate in providing written review of each student's performance in the clinical experience.

HOSPITAL:

The Methodist Hospitals, Inc.

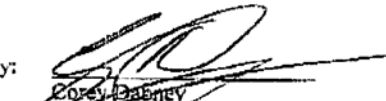
By:


James A. Berg
President, CEO

SCHOOL:

Indiana Graduate School of
Management

By:


Corey Dabney
CEO



FINANCIAL REPORT SUBMISSION SHEET

State Form 39285 (R3/5-91)

Commission on Proprietary Education

RECEIVED

FEB 16 2005

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

Send this completed form and attachments to: COMMISSION ON PROPRIETARY EDUCATION
302 W WASHINGTON ST RM 201
INDIANAPOLIS IN 46204

If you have any questions concerning this form, contact the commission at (317) 232-1320.

INSTRUCTIONS: (1) Complete the following information.

| | | | |
|--|--|--|---|
| Name of Reporting Institution <u>INDIANA Graduate School of Management</u> | | Name of Person To Contact <u>COREY DABNEY</u> | |
| Address of School/Institution (Number and Street) <u>701 E. 83rd Ave. Suite 5</u> | | Telephone Number () | Has Accounting Basis Changed During the Past Five Years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City <u>Merrillville,</u> | State <u>IN</u> | ZIP code <u>46410</u> | If Yes, Explain: |
| Accounting Year <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Fiscal | Period Covering <u>1/1/04</u> through <u>12/31/04</u> | | |
| Form of Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit | | | |
| Accounting Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other | | | |

(2) Attach a prepared, legible financial statement. This must include an income statement (itemized statement of revenues and expenditures) for the period indicated above, and a balance sheet (itemized statement of assets, liabilities, and equity or fund balance(s)) as of the end of the period. COPE prefers, but does not require, audited financial statements which comply with generally accepted accounting principles.

(3) Please indicate the amount of gross tuition revenues received by the reporting institution from Indiana residents and/or from all out of state residents instructed within Indiana for the period indicated above.

\$ 27,131.35

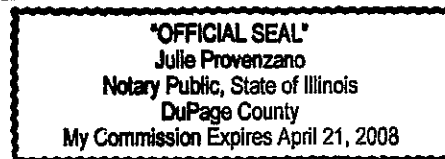
(4) If the institution is part of a consolidated group, please provide the following information:

| | | | |
|---|-------|-----------------------------|-------------------------------------|
| Name of Company <u>N/A</u> | | Address (Number and Street) | |
| City | State | ZIP code | State and Date of Incorporation |
| This is to certify that _____ owns _____ (Parent Company) (Reporting Institution) and that the assets of this consolidation group will be used, if necessary, to insure the financial responsibility of said institution. | | | |
| Name of Parent Company Officer (Typed or Printed) | | Title | Signature of Parent Company Officer |

(5) Complete and notarize the following:

NOTARY CERTIFICATE

STATE OF ILLINOIS
COUNTY OF DuPage } ss:



I, COREY DABNEY, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

| | |
|---|---|
| Signature of Applicant <u>[Signature]</u> | Signature of Notary Public <u>Julie Provenzano</u> |
| Printed or Typed Name of Applicant <u>COREY DABNEY</u> | Printed or Typed Name of Notary Public <u>Julie Provenzano</u> |
| Date Subscribed and Sworn To (Notary Public) | County of Residence <u>DuPage</u> |
| | Date Commission Expires <u>4-21-08</u> |

4/8/2005

Balance Sheet

As of 12/31/2004 (Cash Basis)

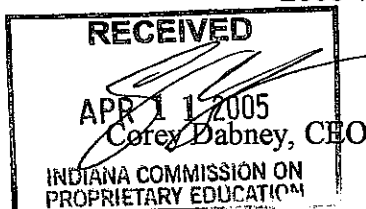
Page 1

| Account | 12/31/2004 Balance |
|---------------------------------|-----------------------|
| ASSETS | |
| Cash and Bank Accounts | |
| General Checking | 25,452.26 |
| Cash Account | 899.35 |
| TOTAL Cash and Bank Accounts | 26,351.61 |
| Other Assets | |
| Allison Lane | 0.00 |
| Andre Allen | 0.00 |
| Betty Jackson | 0.00 |
| Brooks, Sheral R. | 0.00 |
| Cynthia Dabney | 0.00 |
| Derrick Wilson | 0.00 |
| Diana Jones | 0.00 |
| Hence, Elizabeth | 0.00 |
| Hilda Aleman | 0.00 |
| House | 470,000.00 |
| Kathryn Walker | 0.00 |
| Kenya Harvey | 0.00 |
| Lake County Sheriff | 0.00 |
| Leslie Adams | 0.00 |
| Marcia Harvey | 0.00 |
| Moises Salgado | 0.00 |
| Sandra Owens | 0.00 |
| Shirley Williams | -50.00 |
| Vanessa Owens | 0.00 |
| Vernicia Robinson | 0.00 |
| TOTAL Other Assets | 469,950.00 |
| TOTAL ASSETS | 496,301.61 |
| LIABILITIES & EQUITY | |
| LIABILITIES | |
| Other Liabilities | |
| *Sales Tax* | 0.00 |
| House Loan | 302,158.00 |
| Liability | 0.00 |
| TOTAL Other Liabilities | 302,158.00 |
| TOTAL LIABILITIES | 302,158.00 |
| EQUITY | 194,143.61 |
| TOTAL LIABILITIES & EQUITY | 496,301.61 |



Indiana Graduate School of Management

2608 W. Lincoln Highway, Suite 3, Merrillville, Indiana 46410
(219) 791-1111 campus (219) 791-0926



4/8/2005

Income/Expense
1/1/2004 Through 12/31/2004 (Cash Basis)

Page 1

| Category Description | 1/1/2004- 12/31/2004 | OVERALL TOTAL |
|---------------------------|-------------------------|------------------|
| INCOME | | |
| Student Fees | 882.35 | 882.35 |
| FROM Allison Lane | 3,885.00 | 3,885.00 |
| FROM Andre Allen | 100.00 | 100.00 |
| FROM Betty Jackson | 20.00 | 20.00 |
| FROM Brooks, Sheral R. | 687.00 | 687.00 |
| FROM Cynthia Dabney | 0.00 | 0.00 |
| FROM Derrick Wilson | 1,801.45 | 1,801.45 |
| FROM Diana Jones | 676.00 | 676.00 |
| FROM Hence, Elizabeth | 144.55 | 144.55 |
| FROM Hilda Aleman | 3,885.00 | 3,885.00 |
| FROM Kathryn Walker | 30.00 | 30.00 |
| FROM Kenya Harvey | 25.00 | 25.00 |
| FROM Lake County Sheriff | 10,920.00 | 10,920.00 |
| FROM Leslie Adams | 20.00 | 20.00 |
| FROM Marcia Harvey | 25.00 | 25.00 |
| FROM Moises Salgado | 3,885.00 | 3,885.00 |
| FROM Sandra Owens | 25.00 | 25.00 |
| FROM Shirley Williams | 50.00 | 50.00 |
| FROM Vanessa Owens | 50.00 | 50.00 |
| FROM Vernicia Robinson | 20.00 | 20.00 |
| TOTAL INCOME | 27,131.35 | 27,131.35 |
| EXPENSES | | |
| Auto | 75.00 | 75.00 |
| Capital Account | 180.00 | 180.00 |
| Dues and Subscriptions | 180.00 | 180.00 |
| Education | 25.00 | 25.00 |
| Opening Deposit | -100.00 | -100.00 |
| Paid to Owner | 325.00 | 325.00 |
| Printing and Reproduction | 94.74 | 94.74 |
| TOTAL EXPENSES | 779.74 | 779.74 |
| OVERALL TOTAL | 26,351.61 | 26,351.61 |



Indiana Graduate School of Management

2608 W. Lincoln Highway, Suite 3, Merrillville, Indiana 46410
(219) 791-1111 campus (219) 791-0926


Corey Dabney, CEO

2/14/2005

Income/Expense
1/1/2004 Through 12/31/2004 (Cash Basis)

RECEIVED
Page 1

FEB 16 2005

INDIANA COMMISSION ON
PROPRIETARY EDUCATION

| Category Description | 1/1/2004- 12/31/2004 | OVERALL TOTAL |
|---------------------------|-------------------------|------------------|
| INCOME | | |
| Student Fees | 882.35 | 882.35 |
| FROM Allison Lane | 3,885.00 | 3,885.00 |
| FROM Andre Allen | 100.00 | 100.00 |
| FROM Betty Jackson | 20.00 | 20.00 |
| FROM Brooks, Sheral R. | 687.00 | 687.00 |
| FROM Cynthia Dabney | 0.00 | 0.00 |
| FROM Derrick Wilson | 1,801.45 | 1,801.45 |
| FROM Diana Jones | 676.00 | 676.00 |
| FROM Hence, Elizabeth | 144.55 | 144.55 |
| FROM Hilda Aleman | 3,885.00 | 3,885.00 |
| FROM Kathryn Walker | 30.00 | 30.00 |
| FROM Kenya Harvey | 25.00 | 25.00 |
| FROM Lake County Sheriff | 10,920.00 | 10,920.00 |
| FROM Leslie Adams | 20.00 | 20.00 |
| FROM Marcia Harvey | 25.00 | 25.00 |
| FROM Moises Salgado | 3,885.00 | 3,885.00 |
| FROM Sandra Owens | 25.00 | 25.00 |
| FROM Shirley Williams | 50.00 | 50.00 |
| FROM Vanessa Owens | 50.00 | 50.00 |
| FROM Vernicia Robinson | 20.00 | 20.00 |
| TOTAL INCOME | 27,131.35 | 27,131.35 |
| EXPENSES | | |
| Auto | 428.64 | 428.64 |
| Bank Charge | 25.00 | 25.00 |
| Capital Account | 180.00 | 180.00 |
| Dues and Subscriptions | 180.00 | 180.00 |
| Education | 25.00 | 25.00 |
| Legal-Prof Fees | 300.00 | 300.00 |
| Misc | 66.45 | 66.45 |
| Opening Deposit | -100.00 | -100.00 |
| Paid to Owner | 325.00 | 325.00 |
| Postage and Delivery | 171.16 | 171.16 |
| Printing and Reproduction | 94.74 | 94.74 |
| Rent | 673.52 | 673.52 |
| Supplies, Bus | 602.64 | 602.64 |
| Utilities | 261.92 | 261.92 |
| Vacation | 61.59 | 61.59 |
| TO Georgia Surety Co. | 20.00 | 20.00 |
| TOTAL EXPENSES | 3,315.66 | 3,315.66 |
| OVERALL TOTAL | 23,815.69 | 23,815.69 |

Indiana Graduate School of Management
Secondary Adult Business Education
www.indianagraduate.com

2004 Financials

2/14/2005

Cash Flow

1/1/2004 Through 12/31/2004

Page 1

| Category Description | 1/1/2004- 12/31/2004 |
|---------------------------|-------------------------|
| INFLOWS | |
| Student Fees | 882.35 |
| FROM Allison Lane | 3,885.00 |
| FROM Andre Allen | 100.00 |
| FROM Betty Jackson | 20.00 |
| FROM Brooks, Sheral R. | 687.00 |
| FROM Cynthia Dabney | 0.00 |
| FROM Derrick Wilson | 1,801.45 |
| FROM Diana Jones | 676.00 |
| FROM Hence, Elizabeth | 144.55 |
| FROM Hilda Aleman | 3,885.00 |
| FROM Kathryn Walker | 30.00 |
| FROM Kenya Harvey | 25.00 |
| FROM Lake County Sheriff | 10,920.00 |
| FROM Leslie Adams | 20.00 |
| FROM Marcia Harvey | 25.00 |
| FROM Moises Salgado | 3,885.00 |
| FROM Sandra Owens | 25.00 |
| FROM Shirley Williams | 50.00 |
| FROM Vanessa Owens | 50.00 |
| FROM Vernicia Robinson | 20.00 |
| TOTAL INFLOWS | 27,131.35 |
| OUTFLOWS | |
| Auto | 35.00 |
| Fuel | 137.87 |
| Insurance | 20.00 |
| Registration | 85.75 |
| Service | 150.02 |
| TOTAL Auto | 428.64 |
| Bank Charge | 25.00 |
| Capital Account | 180.00 |
| Dues and Subscriptions | 180.00 |
| Education | 25.00 |
| Legal-Prof Fees | 300.00 |
| Misc | 66.45 |
| Opening Deposit | -100.00 |
| Paid to Owner | 325.00 |
| Postage and Delivery | 171.16 |
| Printing and Reproduction | 94.74 |
| Rent | 673.52 |
| Supplies, Bus | 602.64 |
| Utilities | 261.92 |
| Telephone | 261.92 |
| TOTAL Utilities | 261.92 |
| Vacation | 61.59 |
| Lodging | 61.59 |
| TOTAL Vacation | 61.59 |
| TO Georgia Surety Co. | 20.00 |
| TOTAL OUTFLOWS | 3,315.66 |
| OVERALL TOTAL | 23,815.69 |

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